

A Model for HIV/AIDS Case Management in Vancouver, British Columbia

Pilot Project Report

Introduction

AIDS Vancouver is the oldest non-profit AIDS service organization in Canada and is funded by Health Canada, the BC Ministry of Health, and corporate and individual donors. It strives to meet the following mission:

AIDS Vancouver exists to alleviate individual and collective vulnerability to HIV and AIDS through care and support, education, advocacy and research.

AIDS Vancouver continues to be a leader in Canada on service delivery practices and client advocacy strategies. As client demographics and characteristics change and increase, creative and innovative activities have been initiated to retain service delivery while maintaining the health of agency personnel. This includes adopting protocols such as evidence-based decision-making, best practices for HIV/AIDS care, accountability measures, and outcome evaluation in order to monitor progress toward agency goals.

Over the past two years, AIDS Vancouver has undertaken a detailed exploration of service delivery models in AIDS Service organizations across North America. From this research, a new, and yet old, direction for service delivery emerged; case management.

Expanding demand for client support services and rising levels of staff burnout served as the catalyst for the development of a new model for service delivery at AIDS Vancouver. In July 2000, AIDS Vancouver submitted a proposal to Health & Welfare Canada for funding to build capacity in responding to the complex needs of clients accessing AIDS Vancouver's services. The proposal was accepted and work was begun.

Evidence for completing the project would be based on a final report containing the following:

- A clearly defined model for HIV/AIDS case management
- A clearly defined outcome logic model linking case management processes with outcomes through key performance indicators
 - ☞ see Appendix I
- A revised client intake/assessment form and enhanced documentation procedures linked to an internal database consistent with the agency's overall outcome evaluation framework:
 - ☞ see Appendix II – (case management file documents)
 - ☞ see Appendix III – (database input screen)
 - ☞ see Appendix IV – (timesheet)
- A revised job description for case managers
 - ☞ see Appendix V – (case manager job description)
- A bibliography

Case Management

Case management is grounded in social work tradition with roots in the profession's theoretical base and core values. This client-focussed framework is committed to the following components:

- Dignity respect, privacy and confidentiality for people, {living with HIV infection and AIDS};
- Participation by individuals, {affected with HIV/AIDS}, in program and policy development;
- A shared vision and collaborative relationships between service agencies to provide comprehensive support to people, {affected and infected by HIV/AIDS}; and
- Societal and structural change in order to improve lives for people, {living with HIV/AIDS}.

Norma Raiff provides a good definition for case management:

“ Social work views of the person-in-environment and the singular importance of the casework relationship are also comfortable in contemporary descriptions; for example, case management has been defined as ‘short-term, task-centered work’ that ‘focuses on helping clients identify and resolve concrete problems in their everyday lives’ (Robert-DeGennaro, 1987 p. 468), yet it is also something that ‘endures and provides continuity as the client moves back and forth across institutional, community and agency boundaries’, (Rubin, 1987, p. 215).”, (Raiff, 1993, p.).

The principal aim of HIV/AIDS case management is to “*provide support to persons living with HIV infection and link them to appropriate levels of health care and social services*” (Sowell & Grier, 1995). Case management approaches strive to keep people in good health as long as possible and to encourage engagement in everyday life. Case management services, like the HIV/AIDS epidemic itself, continuously evolve in order to reflect advances in the field such as improved drug and other therapies. Today's case managers must be innovative in their work, offering a range of informational, advocacy and support services to optimally address the challenges posed by HIV disease.

The case management approach can be effective in the following ways (Pawlusiak, C. & Hickman, L., 1996; Sowell, R., 1995):

- ✓ Case management addresses client physical, psychological, emotional, and spiritual needs across a continuum of care delivery.
- ✓ Case management provides a mix of programs and services such as assistance with activities of daily living, personal care needs, financial and emergency support, peer counselling, food banks, housing, home care services, and street outreach.

- ✓ In the hospital setting, case managed clients have been shown to differ significantly from non-case managed patient's across four cost indicators, experiencing lower total cost, total costs per day, variable costs, and variable costs per day.
- ✓ Case managed clients are admitted to hospital stay approximately the same amount of time as those who are not case managed, but are less cost intensive. Typically, non-case managed patients delay medical care and are more likely to be admitted to "special care" units with higher associated care costs.
- ✓ Case management systems manage the disease process more effectively, diagnosing and admitting clients in the early stages of symptomology, lessening the likelihood of other morbidity, and controlling the disease process.
- ✓ Case management is personalized; it assists people with HIV/AIDS "to move along their individual disease trajectory with the greatest support and source of well-being" (Sowell, 1997, p.43).
- ✓ Case management models are integrative. They feature centralized supervision and coordination with decentralized service delivery in order to avoid duplication of services.
- ✓ Case management establishes a system which links clients to the most appropriate level of service and care.

While the benefits of case management in HIV/AIDS have been well documented, some challenges exist. For example, case management approaches have been slow to adopt clear indicators and outcome evaluation criteria, and have not precisely defined the mix of structures and processes that need to be in place. In some instances, case management approaches have led to competition for limited funds. This leads to a fragmentation versus coordination of client services at the community level. Furthermore, the case management model, while it strives for interdisciplinarity, may lead to "turf issues" among health providers and provider agencies (Sowell, R., 1995).

These challenges do not provide a rationale to abandon case management delivery systems; rather, they offer a basis upon which to build and improve. As a result, AIDS Vancouver's implementation approach is designed to meet the challenges associated with case management head on. Several AIDS service organizations in the U.S. (AID Atlanta, AIDS Project Los Angeles, Northwest AIDS Foundation) have successfully developed client service programs that could be referred to as "second generation" case management models. These models seek to, (a) more effectively match client needs with programs, services and solutions, (b) require a clear articulation of standards of service, (c) identify outcome evaluation criteria, (d) develop client-centered plans of service across the continuum of need, (e) engage the expertise of providers with varying disciplinary perspectives, (f) work collaboratively with other AIDS focused and community service organizations in order to avoid service duplication, and (g) report regularly on performance.

Project Sustain, the support services program at AIDS Vancouver, is now moving forward with the implementation of a “second generation” case management model.

PROJECT SUSTAIN: THE CURRENT PICTURE

Project Sustain is the service vehicle for support services at AIDS Vancouver. Since 1993, Project Sustain has provided a variety of services and resources to people with living with HIV infection and AIDS.

Project Sustain’s programs and services are designed to assist persons living with HIV /AIDS maintain quality of life. Services are available to people living in the Greater Vancouver Regional District. A brief summary of Project Sustain is offered below.

Current Services offered by Project Sustain:

1. **Information Office.** Offers client drop-in and telephone information on HIV and AIDS, addresses crisis issues, and provides information and referral to a wide range of community resources.

If an individual’s situation is complex and requires more review and attention, they are referred to a Project Sustain case manager for additional assistance.

2. **Case Management.** Case management services link clients with a range of government and community programs of benefit to persons living with HIV/AIDS as well as AIDS Vancouver’s own support services.
3. **Support Programs** at AIDS Vancouver consists of the following:
 - A. *AIDS Vancouver Grocery* – A free supplemental grocery service held for a few hours, two days each week, available for people with limited incomes.
 - B. *Counselling and Therapy* – Free individual counselling with registered professional counselors and therapists in private or community practice, available to individuals with limited incomes.
 - C. *Financial Planning* – For individuals requiring assistance with various public benefit programs such as the Disability Benefits Program, Ministry of Human Resources supplements, private disability programs, and Canada Pension Plan.
 - D. *Financial Assistance Fund* – Limited short-term financial assistance for individuals facing extraordinary medical and housing-related needs.
 - E. *Hospital Visitation Program* – Provides companionship services to individuals in hospital, hospice and private homes.

4. **Referral and Liaison.** Case managers provide links to various community agencies that deal with:
 - A. *Housing* – referrals to housing agencies and cooperatives, and assistance with emergency housing issues such as safe houses for women or emergency temporary shelters.
 - B. *Home Care Nursing* – referrals are made through a local health unit for home care.
 - C. *Medical* – referrals to physicians, dentists, physiotherapists, mental health professionals, nutritionists and other health-related practitioners.
 - D. *Chemical Dependency* – referrals to recovery houses and chemical dependency programs.
 - E. *Other* – referrals related to legal issues such as immigration, wills and adult guardianship; as well as counselling, psycho-social support groups, financial counselling, meal programs, and community resources that address practical needs.

Today's Challenges for Project Sustain

Over the past five years the number of people turning to AIDS Vancouver for community support services has soared. Currently, the need for support services among people with HIV infection and AIDS is far outpacing the existing level of service provided by Project Sustain. Some statements on service use are offered below. This section provides a rationale for expanded support services, within a case management framework, at AIDS Vancouver.

- Currently, Project Sustain has approximately **2,950 active clients**.
- Approximately **800 clients received Project Sustain services** in the last fiscal year. About one of every three British Columbians who test positive for HIV infection register for services with Project Sustain.
- AIDS Vancouver is receiving **increased requests for case management services** from community organizations in the Downtown Eastside of Vancouver. Currently, the Downtown Eastside is being serviced by forty new outreach workers. They do not, however, provide case management services. Rather, outreach workers refer clients to AIDS Vancouver, further increasing the already heavy case load for existing case managers.
- Project Sustain's **client base has shifted and broadened**. Injection drug users continue to form a growing percentage of clients, and an increasing number of immigrant families and women with children are registering for Project Sustain services. Moreover, many clients are **dually diagnosed**, where HIV/AIDS is further complicated by addiction and mental health issues, as well as co-infection with Hepatitis C. In addition, the **geographical reach** of Project Sustain has expanded. AIDS Vancouver's services are now sought by individuals from communities throughout the Greater Vancouver Regional District. AIDS Vancouver acknowledges the demographic changes evident today, and based on its cumulative

experience over the past years, is ready to assume a proactive approach to effectively address them.

- Current **staff levels are insufficient**. Project Sustain consists of 5.5 FTE's, including 4 case managers, one information/intake worker, and a half-time coordinator who are currently servicing about one-quarter of the total number of active clients. Presently, each case manager is responsible for approximately 200 clients; this represents a high case-load ratio when compared to other case management programs. Case managers are continuously challenged in their efforts to provide optimal services to those clients currently registered with Project Sustain. This goes against “best practices” in AIDS care which seek to provide integrated services that match the clients’ level of need.
- Project Sustain is facing new challenges that coincide with **the changing face of HIV/AIDS**. For example, improvements in drug therapies and prophylaxis mean persons with AIDS are living longer. Project Sustain services must adjust accordingly, offering, for example, programs that both provide the “traditional” kinds of services listed above, as well as new services that assist, for example, individuals in making decision about returning to work (without compromising their health or health benefits).
- AIDS Vancouver, like most nonprofit and government agencies, is striving to meet the **need for increased accountability** which includes outcomes evaluation, strategic planning and improved management systems, performance monitoring and regular reporting.

The “Second Generation” Case Management Model for Project Sustain

Since its creation in 1993, Project Sustain has striven to address clients’ long-term planning needs, and to provide comprehensive care coordination. Rising demand for services, combined with increasing complexity of client needs has made it difficult for staff to move beyond crisis management to work with clients on long term issues. The volume of new clients accessing services impact the agency’s capacity to provide a reliable follow-up mechanism for clients who are isolated and have lost touch with Project Sustain. The expansion of the HIV/AIDS epidemic to sub-urban and rural areas has increased demand for a more mobile and de-centralized model for service delivery. Increasing numbers of clients facing multiple health issues (e.g. mental health, addictions, Hepatitis C) has created the need for greater flexibility in service delivery.

The “second generation” case management model seeks to address these challenges through the following strategies:

- Stream-line case management functions to differentiate between short-term needs and comprehensive care coordination: Develop a separate staffing team to meet clients’ immediate needs (access), and limiting case loads for case managers working with individuals with long-term, complex needs (intensive).

- Increase portability of services: Develop partnerships and coordinate responses with other service providers to provide off-site services in other Greater Vancouver neighborhoods and communities.
- Provide increased continuity of service and quality assurance: Develop a volunteer team responsible for connecting with clients who have not had contact with the program for several months.
- Build infrastructure for program development and clinical consultation: Create the position of supervisor to support the activities of the 3 service teams.

The “Second Generation” Case management model will look like this:

SECOND GENERATION PROJECT SUSTAIN FRAMEWORK							
<i>Component</i>	<i>Description</i>						
A. Service Areas	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Income</td> <td style="width: 50%;">Indiv. Skills & Capacity</td> </tr> <tr> <td>Housing</td> <td>Health Services</td> </tr> <tr> <td>Psycho-Social Support</td> <td>Health Status</td> </tr> </table>	Income	Indiv. Skills & Capacity	Housing	Health Services	Psycho-Social Support	Health Status
Income	Indiv. Skills & Capacity						
Housing	Health Services						
Psycho-Social Support	Health Status						
B. Service Levels	Level 1: Brief Assessment and Referral Level 2: Advocacy and Liaison Level 3: Intensive Case Management						
C. Service Teams	Access Team Intensive Case Management Team Follow-up Team (as financial resources allow)						
D. Standards of Practice	Case Management Standards Job Descriptions						
E. Outcomes Evaluation	Outcome Objectives and Indicators Performance Measurement and Reporting						

A. *Service Areas*

The Second Generation Case Management in Project Sustain will comprise of six service areas based on Population Health and is reflected in the Outcome Evaluation Framework:

- Income
 - Plan for on-going management of finances (open a bank account, bill paying, rent, food budgeting).
 - Information, advocacy, and orientation to BC Benefits Programs. Information and advocacy for Employment Insurance, Revenue Canada, Canada Pension Plan, Private Disability.
 - Debt counselling and bankruptcy information.
 - Access to AIDS Vancouver’s Financial Assistance Fund

- Housing
 - Applications for subsidized and supported housing.
 - Support letters and advocacy with housing societies.
 - Assistance accessing funds for rent, moving, and storage.
 - Information, referral and advocacy regarding short-term housing options.

- Psycho Social Support
 - Information and referral regarding counselling options, complementary medical treatments, respite care & hospital visits.
 - Support for family and care givers.
 - Coordination of social support networks with other community agencies.

- Individual Skills & Capacity
 - Information on coping strategies
 - Review of daily living needs, child care needs
 - Information and referral for wills, power of attorney, guardianship, public trustee, human rights, and child custody.
 - Advocacy and referral for refugee and immigration issues.
 - Support in negotiating legal system.

- Health Services
 - Referral and liaison with multi-disciplinary health centres, family physicians, specialists, nurses, psychiatrists, nutritionists, naturopaths, dentists, mental health workers, and other healthcare professionals.
 - Support and advocacy re. Applying for medical coverage, accessing funds for medical treatment and supplies (e.g. dental, optical, nutritional supplements, complementary therapies).

- Health Status
 - Information about HIV/AIDS, Hepatitis, STD transmission, symptoms, disease progression.
 - Quality of life issues
 - Information and referral to nutritional programs (food banks, meal programs).

The principal difference between the first and second generation Project Sustain initiatives in terms of service areas is greater breadth and depth of service options.

B. Service Levels

The Case Management model will provide support services that align with the different levels of care and support required by persons with HIV infection and AIDS.

Level 1: Brief Assessment and Referral

- Activities include:
- (A) Client intake and registration.
 - (B) Identify client needs.
 - (C) Triage – link client with available resources to meet immediate needs.
 - (D) Referral to Levels 2 or 3 as appropriate.

Level 2: Advocacy and Liaison

- Activities include:
- (A) Identify barriers to services.
 - (B) Facilitate connection to available services.
 - (C) Develop, implement and evaluate short term service plans.
 - (D) Referral to Level 3 as appropriate.

Level 3: Intensive Case Management

- Activities include:
- (A) Develop, implement and evaluate long term service plans.
 - (B) Coordinate service delivery to clients.
 - (C) Regular follow-up and ongoing assessment.

The principal difference between “first” and “second” generation case management in Project Sustain is to more effectively match client needs to appropriate, specific levels of service. This will increase the potential for cost efficiencies and the ability to provide services in a timely manner.

C. Service Teams

Currently, case management at AIDS Vancouver consists of 5.5 full-time equivalent (FTE) staff members: (4) case managers (1) intake/information office worker, and (.5) project coordinator. It is hoped that under the new framework, a total of (9) FTEs will be funded. However, due to financial limitations this is currently not possible. Therefore the “Second Generation” Case Management Model in Project Sustain will commence with the following structure: 2.5 access case managers, three intensive case managers, and a case manager supervisor. The Executive Director, in conjunction with the Director of Programs and Services, will continue to work towards increasing financial resources to establish a Follow-Up Team and additional case managers to complete the envisioned “Second Generation” Case Management Model for AIDS

Vancouver. Staff will comprise of two service teams, with the third team added as resources allow:

TEAM I: Access Team – This team is responsible for Level 1 and 2 work, and will manage a case load of 100 to 120 clients per case manager. They will provide registration and assessment for new clients and clients who are re-accessing Project Sustain services. Those clients who are determined to be in need of a broad range of services will be referred to the Intensive Management Team (below). The Access Team will be available through drop-in and appointment.

TEAM II: Intensive Case Management Team – This team is responsible for Level 2 and 3 work; and will manage a case load of 40 to 50 clients per case manager at any one time. In collaboration with the client, case managers will generate case plans. Upon completion of the plan, clients will be transferred to the Support Team (below).

TEAM III: Follow-Up Team (currently not in place) – This team is comprised of volunteers and practicum students under the supervision of the case management supervisor. They will undertake Level 1 work. They will provide ongoing telephone consultations and information related to service providers. If new needs arise among those that call in, they will be referred back to the Access Team for re-assessment and referral.

D. Standards of Practice and Program Infrastructure

Standards of practice underpin the second generation Project Sustain model. An initial set of practice standards have been developed as part of the pilot project, in order to standardize practices among case managers, and ensure the application of best practices in their work. These standards of practice are expected to undergo further development. A second round of practice standards will be developed to reflect case management services under the newly configured Project Sustain model. Please see Appendix I for the initial set of Standards of Practice.

To further improve and streamline operational and management functions, the expanded Project Sustain case management model includes the development of *job descriptions* for key positions. Job descriptions align with the three service levels that characterize the second generation Project Sustain. They are as follows:

Case Management Supervisor

The Case Management Supervisor reports to the Director of Programs and Services, and is responsible for developing, coordinating and evaluating the delivery of case management services to Project Sustain clients. The Case Management Supervisor conducts case management services as part of the Access Team; monitors and reports on case management policies, procedures, and standards of practice; establishes and communicates performance expectations to staff; provides support and training to case management staff and volunteers; and provides

overall leadership. In addition, the Case Management Supervisor is responsible for clinical support to the team in order to effectively address the complex needs associated with HIV/AIDS.

Case Manager – Intensive

Case managers report to the Case Management Supervisor and are responsible for providing direct services to persons living with HIV/AIDS. The Case Manager – Intensive develops mid and/or long term service plans based on client-identified needs related to income, housing, psycho-social support, individual skills and capacity, health services and health status needs; advocates on behalf of clients to address barriers to service; collaborates with service providers to ensure client access; coordinates service networks on behalf of clients; ensures on-going support to clients; reports on progress to the Case Management Supervisor; and performs other related duties.

Case Manager – Access

Case managers report to the Case Management Supervisor and are responsible for providing direct services to persons living with HIV/AIDS. The Case Manager – Access fields general inquiries from clients, care givers, and community members; assesses client needs in the areas of income, housing, psycho-social support, individual skills and capacity, health services and health status needs; refers clients to appropriate services; delivers follow-up interventions to meet short-term needs; advocates on behalf of clients to address barriers to service; works with other managers to ensure client access; reports on progress to the Case Management Supervisor; and performs other related duties.

Finally, the expanded Project Sustain case management model includes a broadly defined Case Management Workload Template. The overall goal of the template is to maintain a consistent level of direct service to clients each month. The template represents weekly averages of work distribution as follows:

- ❑ 80% time contribution to direct client service which includes appointments, follow-ups, drop-ins, information office duties, and outreach time; and
- ❑ 20% time contribution to administration duties such as internal and external meetings, professional development, and supervision.

E. Outcome Evaluation

Establishing protocols for program evaluation is another salient feature of the second generation Project Sustain Case Management Model. As part of the pilot project, a “***Case Management Evaluation Framework***” has been developed. The evaluation framework serves the following functions:

- (a) Provides voice to clients through clearly defined mechanisms of accountability;
- (b) Ensures ongoing monitoring of service provision;
- (c) Provides a basis for reporting on performance;
- (d) Increases overall accountability of monies expended;

- (e) Enhances program ability to identify and track service trends over time;
- (f) Functions as a feedback loop for subsequent program/service planning and development.

The Case Management Evaluation Framework revolves around outcome objectives which parallel the 6 areas that characterize the expanded Project Sustain model. They are as follows:

Income:

- ✓ To increase clients' knowledge and utilization of financial services and resources.
- ✓ To improve adequacy of clients' income.

Housing:

- ✓ To increase clients' knowledge and utilization of housing services and resources.
- ✓ To improve clients' housing conditions.

Psycho-social Support:

- ✓ To increase clients' sense of acceptance and belonging.
- ✓ To increase clients' utilization of peer and social support opportunities.
- ✓ To strengthen clients' own social support networks

Individual Skills and Capacity:

- ✓ To increase clients' ability to meet practical needs.

Health Status:

- ✓ To increase clients' knowledge of HIV/AIDS, Hepatitis, STD transmission, symptoms, disease progression.
- ✓ To improve clients' health status and quality of life.

Health Services:

- ✓ To increase clients' knowledge and utilization of health and addictions services.

Besides articulating outcome objectives, the Case Management Evaluation Framework delineates case management activities, outputs, and outcome indicators. Please refer to Appendix I for a copy of Project Sustain's Case Management Outcome Evaluation Framework.

F. Implementation

On March 29, 2001 Case Managers, Supervisor and Director met to discuss implementation of the new case management model. It is expected that the implementation process will proceed over six to eight months. The six to eight month timeframe is necessary to refine documentation forms, clarify caseload compositions, case load adjustments as per the model, orientation to new language and tracking systems, (e.g. timesheets, and data base input screens) and ongoing communication meetings to ensure staff feel supported and implementation is occurring smoothly. Ongoing monitoring meetings are planned with minutes to be taken to ensure ongoing

documentation. A preliminary implementation plan was established at the March 29th meeting and is located in Appendix VI.

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APPENDIX I

The Outcome Evaluation Framework

Draft of Standards of Practice

APPENDIX II

Client File Documentation

APPENDIX III

Data Base In-Put Screens

APPENDIX IV

Case Management Timesheet

APPENDIX V

Job Descriptions

APPENDIX VI

Preliminary Implementation Time Table